

## Other RPRG Matters

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*João Batista F. Vieira, Regional Program Review Group (RPRG) Chair, and Steven K. Ault, RPRG Secretariat*

### **Selection of Regional GAELF-RCG**

The Secretariat gave a brief description of the Global Alliance to Eliminate Lymphatic Filariasis (GAELF) Representative Contact Group (RCG), citing a presentation by Patrick Lammie about the work of the Global Alliance and its new structure. He explained that the group was to include, among others, the RPRG Chair plus two program managers from each region, and he noted that at the 2003 GAELF meeting in Cairo (GAELF3) and the 2004 RPRG meeting, Joan Fahy, the focal point for the GAELF Secretariat, had asked the Americas region to choose RCG representatives. He went on to explain that according to RCG structure, one was automatically the RPRG Chair (Dr. Vieira), and that at GAELF3, the program managers from Haiti and the Dominican Republic (DOR) were nominated as tentative candidates, and that the program manager from Haiti, Dr. Milord, had agreed to serve in that capacity. He said he wanted to take the opportunity to confirm that Dr. Manuel Gonzalez, the program manager for the DOR, would like to be the second representative on the RCG, explaining that RCG members are asked to distribute information that comes from the Global Alliance and to provide feedback from the region about its needs (particularly financial needs). He explained that the program managers for DOR and Haiti were deemed most appropriate to represent the region for the initial [two-year] term because their countries had the most significant challenges in terms of financing. Dr. Gonzalez agreed to serve as RCG representative.

### **Financing for 2006**

In regard to RPRG financing for 2006, the Secretariat said the program hoped to have support from World Health Organization (WHO), Pan American Health Organization (PAHO), and other partners participating in the Global Alliance but did not have any exact budget figures.

He cited the generous grant from GlaxoSmithKline (GSK) in 2004 and the corresponding work plan, which included visits to four countries, and noted that two had been visited as indicated—the DOR, by the Secretariat, Dr. Vieira, Dr. Aguiar, and RPRG members, and Brazil (Belém) by Dr. Dave Chadee, the RPRG entomologist, regarding the elimination situation. He explained that the third trip, to Guyana, which would include the new RPRG social communication and social marketing expert, had not yet been planned, and that the fourth trip, to Haiti, regarding the salt production plant, would not be possible in 2005 because of the poor security situation there. He stressed his hope to arrange a visit with Dr. Milord later on, however, and noted that the GSK grant coordinator, Minne Iwamoto, had indicated by telephone that the grant could be extended beyond 2005, most likely for six months, to enable the program to use the remaining funds.

## Discussion & Presentation of Drug Forecast Tables

**Steven K. Ault, Regional Program Review Group (RPRG) Secretariat**

The Secretariat provided a brief description of the drug forecast tables for Brazil (BRA), Dominican Republic (DOR), Haiti (HAI), Guyana (GUY), Trinidad & Tobago (T&T), Costa Rica (COR), and Suriname (SUR) for 2006 and beyond (see Tables 1–4) and requested that the managers of the national Programs to Eliminate Lymphatic Filariasis (PELFs) review and complete the data (compiled from the 2005 meeting presentations) upon return to their countries.

He explained that each program manager would receive the four tables in electronic format, via email, and that they should fill out their corresponding sections, correcting any errors that may appear in the data, and return the completed tables as soon as possible to the Secretariat by email. He cited the importance of working proactively to accurately forecast their country's needs for the ICT<sup>1</sup> cards, DEC<sup>2</sup>, and albendazole to enable GlaxoSmithKline (GSK) to make optimum use of the generous donations they offer to the PELFs worldwide and to best accommodate the countries' drug requirements. He concluded his presentation by thanking GSK, on the part of the Secretariat, for their continued support in providing albendazole as well as their generous grant in support of RPRG operations during the past year and in the upcoming six months.

**Table 1. Five-year annual treatment objectives**

Country	Pop. at risk	2004	2005	2006	2007	2008
BRA*	1,500,000 in metropolitan Recife			60,000–75,000 in Recife; other cities?		
DOM	422,166			426,621		
HAI**	6,000,000			3,177,993		
GUY***	638,556			? 300,000		
<b>Total</b>	<b>8,825,722</b>					

**Table 2. Projected number of ICT cards required**

Country	Pop. at risk	2004	2005	2006	2007	2008
BRA				3,000+		
DOR				9,000		
HAI						
GUY						
T&T						
COR						
SUR						
<b>Total</b>						

\* DEC alone in Pernambuco and Maceió \*\* A percentage of the population will be treated with DEC-salt \*\*\* DEC-salt only

<sup>1</sup> immunochromatographic test

<sup>2</sup> diethylcarbamazine citrate

**Table 3. Projected number of albendazole tablets required**

Country	Pop. at risk	2004	2005	2006	2007	2008
BRA						
DOR			(460,000 being shipped in 2005)	479,975		
HAI			5,650,000	3,495,793		
GUY						
<b>Total</b>						

**Table 4. Projected amount of DEC tablets and/or DEC-salt required**

Country	Pop. at risk	2004	2005	2006	2007	2008
BRA [DEC tablets] 100-mg; 50-mg				[Recife]: 60,000–75,000		
DOR [DEC tablets] 100-mg; 50-mg				855,745 14,226		
HAI [DEC tablets] 100-mg; 50-mg				17,478,92		
GUY [DEC-salt]						
<b>Total</b>						



## Comments from Global Partner GSK

***Larry M. Mulligan-Gibbs, Director of International Communications, GlaxoSmithKline (GSK)/America***

Mr. Mulligan-Gibbs thanked the Regional Program Review Group (RPRG) for inviting him to be an observer at the meeting and for encouraging him to participate. On behalf of GSK, he reiterated the company's commitment to the Global Program to Eliminate Lymphatic Filariasis (GPELF), not only in providing drugs, funding, and technical and general support, but also in seeing the program through to its end. Expanded on a point he raised earlier in the meeting, Mr. Mulligan-Gibbs noted that some of this commitment was manifested in the company's recent investment in a new factory in South Africa, which included new company positions and received the endorsement of the Chief Executive Officer (CEO), to ensure the reliable, seamless production of albendazole tablets. He cited the progress described in the meeting presentations and said he hoped the program's improved communications element would be launched soon to inform the region and the world about these achievements. He said he planned to pass along information he learned from the meeting throughout GSK to inform other employees and strengthen commitment to the program.

In closing, Mr. Mulligan-Gibbs thanked meeting participants for the great welcome he received and for presenting the complicated issues surrounding lymphatic filariasis (LF) in a methodological way, noting that the knowledge he had gained during the three days of presentations and discussions eclipsed what he had learned during his three-week involvement with the program prior to the meeting.

## Mobilization of Resources for the Americas

***João Batista F. Vieira, Regional Program Review Group (RPRG) Chair, and Steven K. Ault, RPRG Secretariat***

The Chair noted that the topic of resource mobilization had been discussed and examined in prior meeting sessions but recommended that program managers and researchers consider fundraising (through projects, or sensitization of national authorities, businesses, etc.) as an additional responsibility in carrying out their work plan, using as creative means as possible (including those described in Group 1's presentation on fundraising).